



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

ADMINISTRATIVE & FINANCIAL
SERVICE

REBECCA M. WYKE
COMMISSIONER

John Elias Baldacci
GOVERNOR

JEROME D. GERARD
ACTING EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE
FOR AN INCORPORATED HOSPITAL**

Name of Corporation _____
Name of Hospital _____
Physical Location _____
Mailing Address _____

The statute reads, "Sales to incorporated hospitals,"

Is the hospital incorporated? Yes ___ No ___
Send a copy of the articles of incorporation

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING *MUST* BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of your license from the State of Maine Department of Behavioral and Developmental Services to operate as a hospital

I hereby certify that _____ is an incorporated hospital. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: _____ Signature: _____
Tel: _____ Printed Name: _____
Fed ID: _____ Title: _____
Date Facility Opened: _____

ST-R-21

